

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant(s): Thomas Brumm
Appl. No.: 09/827,485
Conf. No.: 5739
Filed: April 6, 2001
Title: TERMINAL OF A PACKET-SWITCHING COMMUNICATION
NETWORK AND METHOD FOR OPERATING A
TELECOMMUNICATION SYSTEM HAVING A PACKET-
SWITCHING COMMUNICATION NETWORK
Art Unit: 2665
Examiner: Thomas E. Volper
Docket No.: 112740-209

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

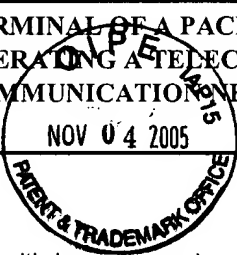
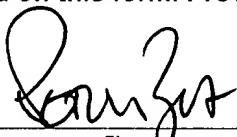
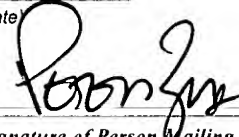
RESPONSE PURSUANT TO 37 C.F.R. §1.114

Sir:

In response to the Advisory Action dated September 16, 2005, the Applicants request continued examination in the aforementioned application. Applicants respond as follows:

Amendments to the Claims are reflected in the listing of claims which begin on page 2 of this paper.

Remarks begin on page 5 of this paper.

AMENDMENT TRANSMITTAL LETTER (Large Entity)					Docket No. 0112740-209	
Applicant(s): Thomas Brumm						
Application No. 09/827,485	Filing Date April 6, 2001	Examiner Thomas E. Volper	Customer No. 29177	Group Art Unit 2665	Confirmation No. 5739	
Invention: TERMINAL OF A PACKET-SWITCHING COMMUNICATION NETWORK AND METHOD FOR OPERATING A TELECOMMUNICATION SYSTEM HAVING A PACKET-SWITCHING COMMUNICATION NETWORK						
 COMMISSIONER FOR PATENTS:						
Transmitted herewith is an amendment in the above-identified application.						
The fee has been calculated and is transmitted as shown below.						
CLAIMS AS AMENDED						
	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST # PREV. PAID FOR	NUMBER EXTRA CLAIMS PRESENT	RATE	ADDITIONAL FEE	
TOTAL CLAIMS	10 -	20 =	0	x \$50.00	\$0.00	
INDEP. CLAIMS	2 -	3 =	0	x \$200.00	\$0.00	
Multiple Dependent Claims (check if applicable) <input type="checkbox"/>					\$0.00	
TOTAL ADDITIONAL FEE FOR THIS AMENDMENT					\$0.00	
<input checked="" type="checkbox"/> No additional fee is required for amendment. <input type="checkbox"/> Please charge Deposit Account No. _____ in the amount of _____ <input type="checkbox"/> A check in the amount of _____ to cover the filing fee is enclosed. <input checked="" type="checkbox"/> The Director is hereby authorized to charge payment of the following fees associated with this communication or credit any overpayment to Deposit Account 02-1818 <input checked="" type="checkbox"/> Any additional filing fees required under 37 C.F.R. 1.16. <input checked="" type="checkbox"/> Any patent application processing fees under 37 CFR 1.17. <input type="checkbox"/> Payment by credit card. Form PTO-2038.						
WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.						
 _____ <i>Signature</i>			Dated: November 1, 2005			
Peter Zura Reg. No. 48,196 Customer No. 29177 Phone: (312) 807-4208			I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to "Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450" [37 CFR 1.8(a)] on November 1, 2005 (Date)  _____ <i>Signature of Person Mailing Correspondence</i> Peter Zura _____ <i>Typed or Printed Name of Person Mailing Correspondence</i>			
CC:						